

SERFF Tracking Number:	ALSX-125859274	State:	Arkansas
Filing Company:	Allstate Property & Casualty Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	R19993		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Private Passenger Auto		
Project Name/Number:	Rule Filing/R19993		

## Filing at a Glance

Company: Allstate Property & Casualty Insurance Company

Product Name: Private Passenger Auto	SERFF Tr Num: ALSX-125859274	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: R19993	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author: SPI AllState	Disposition Date: 10/16/2008
	Date Submitted: 10/15/2008	Disposition Status: Filed
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/05/2008
Effective Date Requested (Renewal): 12/06/2008		Effective Date (Renewal): 11/06/2008

State Filing Description:

## General Information

Project Name: Rule Filing	Status of Filing in Domicile:
Project Number: R19993	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/16/2008	
State Status Changed: 10/16/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
This filing consists of a checking list and updated manual page 22-6 that reflect a modification to Rule 22 (Accident and Violation Rating).	

Allstate is researching the possibility of periodically re-ordering policyholder's motor vehicle records. In order to maintain the accuracy of our rule manual with consideration of this possibility, bullet point C.3.b of Rule 22 which states,

<i>SERFF Tracking Number:</i>	<i>ALSX-125859274</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>R19993</i>		
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<i>Project Name/Number:</i>	<i>Rule Filing/R19993</i>		

"Minor Violation Surcharges will only apply to Chargeable Minor Violations assigned at new business or when an operator is added to a policy," is being replaced with a more general statement regarding Allstate's use of Major and Minor Violations.

No other changes are being made with this filing. There is no rate or coverage level changes as a part of this filing.

New business: 11-1-2008

Renewals: 12-6-2008

## Company and Contact

### Filing Contact Information

Chris Ewing,	
2775 Sanders Road	(847) 402-5000 [Phone]
Northbrook, IL 60062	(847) 402-9757[FAX]

### Filing Company Information

Allstate Property & Casualty Insurance	CoCode: 17230	State of Domicile: Illinois
Company		
2775 Sanders Road	Group Code: 8	Company Type:
Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 36-3341779	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>ALSX-125859274</i>	<i>State:</i>	<i>Arkansas</i>
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Allstate Property & Casualty Insurance	\$25.00	10/15/2008	23192910
Company			



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<i>Project Name/Number:</i>	<i>Rule Filing/R19993</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Alexa Grissom	10/16/2008	10/16/2008

<i>SERFF Tracking Number:</i>	<i>ALSX-125859274</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>Rule Filing/R19993</i>		

## Disposition

Disposition Date: 10/16/2008

Effective Date (New): 11/05/2008

Effective Date (Renewal): 11/06/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ALSX-125859274	State:	Arkansas
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Company Tracking Number:	R19993		
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Product Name:	Private Passenger Auto		
Project Name/Number:	Rule Filing/R19993		

Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Rate and Rule Filing Schedule	Filed	Yes
Rate	Checking List	Filed	Yes
Rate	Manual	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>ALSX-125859274</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Rule Filing/R19993</i>		

## Rate Information

Rate data does NOT apply to filing.



<i>SERFF Tracking Number:</i>	<i>ALSX-125859274</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Property &amp; Casualty Insurance</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
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## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Filed	Checking List	R19993	New	R19993.PDF
Filed	Manual	R19993	Replacement	R19993.PDF

**CHECKING LIST FOR PRIVATE PASSENGER AUTO**

Printing dates are shown on each page to facilitate identification of different editions, but have no direct connection with the effective date of the page.

**RULES**

Enclosed: Page 22-6 dated 11-1-2008

Withdrawn: Page 22-6 dated 7-1-2005

When an automobile is removed from a policy, any Chargeable Violations associated with an operator will be reassigned to the automobile he or she drives most frequently.

When an operator is dropped from a policy, any Chargeable Violations attributable to that operator are removed from the policy.

c. Addition of Operators to the Policy

When an operator is added to a policy, any violations associated with that operator will be assigned to the automobile he or she drives most frequently.

3. Administration of the Violation Surcharge Program

- a. When more than one violation results from a single occurrence, only one violation shall apply. In the event both Major and Minor Violations result from a single occurrence, then only one Major Violation shall apply. In the event both a Minor Violation and Chargeable Accident result from a single occurrence, then only the Chargeable Accident shall apply.
- b. Surcharge Violations will apply to Chargeable Major or Minor Violations assigned at new business or when an operator is added to a policy or when the presence of a Chargeable Major or Minor Violation is indicated to Allstate Property and Casualty Insurance Company at a subsequent policy period.

To calculate the surcharge applicable to a Chargeable Violation, refer to the Automobile Rating Section.

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Product Name:	Private Passenger Auto		
Project Name/Number:	Rule Filing/R19993		

## Supporting Document Schedules

<b>Bypassed -Name:</b>	A-1 Private Passenger Auto Abstract	<b>Review Status:</b>	Filed	10/16/2008
<b>Bypass Reason:</b>	Not applicable, this is a rule filing only			
<b>Comments:</b>				

<b>Bypassed -Name:</b>	APCS-Auto Premium Comparison Survey	<b>Review Status:</b>	Filed	10/16/2008
<b>Bypass Reason:</b>	Not applicable, this is a rule filing only			
<b>Comments:</b>				

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Filed	10/16/2008
<b>Bypass Reason:</b>	Not applicable, this is a rule filing only			
<b>Comments:</b>				

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>	Filed	10/16/2008
<b>Bypass Reason:</b>	Not applicable, this is a rule filing only			
<b>Comments:</b>				

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	Filed	10/16/2008
<b>Comments:</b>				
<b>Attachment:</b>	AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF			

**Review Status:**

<i>SERFF Tracking Number:</i>	<i>ALSX-125859274</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>Rule Filing/R19993</i>		
<b>Satisfied -Name:</b>	Rate and Rule Filing Schedule	Filed	10/16/2008
<b>Comments:</b>			
<b>Attachment:</b>			
	Rate and Rule Filing Schedule.PDF		




## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Allstate				<b>Group NAIC #</b>	008
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Allstate Property & Casualty Insurance Company	IL	17230	36-3341779			

<b>5. Company Tracking Number</b>	R19993
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Chris Ewing 2775 Sanders Road, Suite A5 Northbrook IL 60062		800-366-2958 Ext. 27309	847-402-9757	
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Chris Ewing			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	19.0 Personal Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	19.0001 Private Passenger Auto (PPA)
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Private Passenger Auto
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 11/01/2008      Renewal: 12/06/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	Not applicable
<b>17. Reference Organization # &amp; Title</b>	Not applicable
<b>18. Company's Date of Filing</b>	10-15-2008
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

# Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	R19993
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This filing consists of a checking list and updated manual page 22-6 that reflect a modification to Rule 22 (Accident and Violation Rating).

Allstate is researching the possibility of periodically re-ordering policyholder's motor vehicle records. In order to maintain the accuracy of our rule manual with consideration of this possibility, bullet point C.3.b of Rule 22 which states, "Minor Violation Surcharges will only apply to Chargeable Minor Violations assigned at new business or when an operator is added to a policy," is being replaced with a more general statement regarding Allstate's use of Major and Minor Violations.

No other changes are being made with this filing. There is no rate or coverage level changes as a part of this filing.

New business: 11-1-2008

Renewals: 12-6-2008

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="183 1461 745 1516"> <p><b>Check #:</b> Not applicable. Fee paid via EFT.</p> <p><b>Amount:</b> \$25.00</p> </div> <div data-bbox="154 1753 1300 1812"> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



## PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	R19993
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☐ Rate Increase

☐ Rate Decrease

☒ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File & Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Allstate Property and Casualty Insurance Company	N/A	N/A	N/A	N/A	N/A	N/A	N/A

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

	<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>		
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		COMPANY USE	STATE USE
<b>5a.</b>	<b>Overall percentage rate indication(when applicable)</b>		
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d.</b>	<b>Effect of Rate Filing - Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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<b>9.</b>	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Page 22-6 dated 11-1-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**These pages are informational only and do not need to be submitted with your filing.**

## **Notes for Uniform Property & Casualty Rate/Rule Filing Schedule**

### **DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY RATE/RULE FILING SCHEDULE**

#### **RATE/RULE FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.
- 2. This filing corresponds to form filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**
- 3. Filing Method (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the filing is being submitted. See State Specific Requirements.
- 4. Rate Change by Company:** Complete all fields for each company included in the filing.
  - **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
  - **Overall % Rate Impact** – This is the statewide average percentage change to the accepted rates for the coverages included for each company.
  - **Written premium change for this program** – This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
  - **# of policyholders affected for this program** – This is the number of policyholders affected by the overall percentage rate impact for each company.
  - **Written premium for this program** – This is the statewide written premium for each company.
  - **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
    - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
    - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
    - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.
- 5a. Overall percentage rate indication (when applicable):** These fields are only to be completed when an actuarial indication is included in the filing submission.
- 5b. Overall percentage rate impact for this filing:** This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.
- 5c. Effect of Rate Filing – Written Premium Change for this program:** This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.
- 5d. Effect of Rate Filing – Number of policyholders affected:** This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

**6. Overall percentage of last rate revision:** This is the statewide average of the last percentage change implemented in the state.

**7. Effective Date of last rate revision:** This is the implementation date of the last overall percentage rate impact.

**8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the last filing was submitted. See State Specific Requirements.

**9. Rule # or Page # Submitted for Review:** This is the list of changes to the rate/rule manual.

**To be complete a filing must include the following:**

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)